Supplemental Table 1. Sample search string, used on Ovid MEDLINE

Step	Search term
1.	("old* age" OR "aging" OR "ageing" OR "old* adult*" OR "old* people" OR "elder*" OR "geriatric*" OR "senior*"
(Population)	OR "pensioner*" OR "over 65" OR "over sixty five" OR "over sixty-five" OR "65+" OR "veteran*" OR "frail*").mp
2. (Intervention)	("health promotion*" OR "behavio* chang*" OR "healthy aging" OR "healthy ageing" OR "health education" OR
	"intervention*" OR "lifestyle*" OR "wellbeing" OR "health campaign*" OR "health prevent*" OR "health protect*"
	OR "primary prevent*" OR "case manag*" OR "diet*" OR "nutrition" OR "healthy eating" OR "exercis*" OR
	"physical activit*" OR "alcohol" OR "smok*" OR "mood*" OR "depress*" OR "anxi*" OR "psycholog*" OR
	"cogniti*" OR "fall* prevent*" OR "polypharmacy" OR "prevent* hospital*").mp
3. (Setting)	("Home-based" OR "homebased" OR "house-based" OR "housebased" OR "community-dwelling" OR "community
	dwelling" OR "domiciliary" OR "outreach" OR "home").mp
4. (Study type)	("Trial" OR "randomi* control*" OR "RCT").mp
5.	1 AND 2 AND 3 AND 4
6. (Limits)	Limit 5 to (English language and full text and humans and yr="1980-2014")
6. (Limits)	Limit 5 to (English language and full text and humans and yr="1980-2014")

Supplemental Table 2. Description of studies

Study	Description of	Sai	mple characteristi	ics	Intervention	Outcomes	Summary of
characteristics	intervention				characteristics	measured	findings
	and control						
	treatment(s)						
		Sample	Intervention	Control group			
		description	group(s)	description			
			description				
Avlund et al	Intervention:	Aged 60+y	Baseline N =	Baseline N =	Behaviours targeted:	Health and	Health and social
[1] (also Vass	Health	(geriatric wards)	59	90	Dietary consumption,	social service	service use:
et al) [2]	assessment and	or 70+y			medication use, PA	use	No evidence of
	development	(medical wards),	Follow-up N =	Follow-up N =		Hospital	effectiveness
Denmark	of tailored plan	requiring	57 **	82	BCTs: Monitoring of	admissions	****
		ongoing			outcomes by others		
RCT, 2 arms	Control: Usual	treatment and	Mean age	Mean age	without feedback,	Physical	Physical
(1 intervention,	care	home services	$(estimated) \ge$	(estimated):	social support from	functioning	functioning:

1 control)		67y ***	67y	intervention provider	Functional	No evidence of
	Excluded:			(practical), social	performance	effectiveness
Number of	impressive	Gender NR	Gender NR	support from		
follow-up	aphasia, severe			intervention provider		
points: 1	dementia,	Ethnicity NR	Ethnicity NR	(unspecified)		
	terminal illness,					
Follow-up: 3	addiction	Health	Health	Functions: Enablement,		
months	problems, or	conditions NR	conditions NR	persuasion		
	hospitalized <4					
Low risk of	days			Setting: Home-only		
bias 5/7						
				Delivered by: Home		
No theory				nurse, home helper,		
mentioned				physiotherapist, or		
				occupational therapist		
				(according to individual		

					older person's needs)		
Boult et al [3]	Intervention:	Aged 65+y,	Baseline N =	Baseline N =	Behaviours targeted:	Health and	Health and social
(also Boyd et	Primary-care	eligible for	485	419	PA, diet, sleeping,	social service	service use
al [4])	based care	Medicare or			medication use,	use	Evidence of
	management,	TriCare	Follow-up N =	Follow-up N =	smoking, alcohol	Health service	potential
USA	transitional	insurance, at	274	203	consumption	use	effectiveness
	care, and	high risk of					Reduction in
Cluster RCT, 2	support for	generating high	Mean age: 77y	Mean age: 78y	BCTs: Discrepancy	Physical	home health care
arms (1	self-	health care			between current	functioning	episodes
intervention, 1	management	expenditure in	54% female	55% female	behaviour and goal,	Functional	
control)	and family	coming year			monitoring behaviour	performance	Physical
	caregiving		51%	49%	without feedback, self-		functioning
Number of			Caucasian,	Caucasian,	monitoring (outcome),	Generic health	No evidence of
follow-up	Control:		46% African-	46% African-	social support from	and wellbeing	effectiveness
points: 1	Usual care		American	American	intervention provider	Mortality	
					(practical), social		Generic health

Follow-up: 3			Mean number	Mean number	support from		and wellbeing
years			of health	of health	intervention provider		No evidence of
			conditions 4.3	conditions 4.3	(unspecified)		effectiveness
Low risk of							
bias 7/7					Functions: Enablement,		
					persuasion		
Theory							
mentioned					Setting: Home-only		
(Transtheoretic							
al Model)					Delivered by: Nurse		
Bouman et al	Intervention:	Aged 70-84y,	Baseline N =	Baseline N =	Behaviours targeted:	Physical	Physical
[5] (also	Assessment of	living at home	160	170	Dietary consumption,	functioning	functioning
Nicolaides-	health				PA	Functional	No evidence of
Bouman et al	problems or	Excluded:	Follow-up N =	Follow-up N =		status	effectiveness
[6])	risks, provision	Receiving	115	139	BCTs: Goal setting	ADLs	
	of advice, and	regular home			(outcome), monitoring	IADLs	Social functioning

Netherlands	referral to	care	Age range: 70-	Age range: 70-	of outcomes by others		and wellbeing
	other services		84y	84y	without feedback,	Social	No evidence of
RCT, 2 arms					review behavioural	functioning and	effectiveness
(1 intervention,	Control:		60% female	60% female	goals, social support	wellbeing	
1 control)	Usual care				from intervention	Social support	Generic health
			Ethnicity NR	Ethnicity NR	provider (unspecified)	Loneliness	and wellbeing
Number of							No evidence of
follow-up			Health	Health	Functions: Enablement	Generic health	effectiveness
points: 3			conditions NR	conditions NR		and wellbeing	
					Setting: Home-only	General health	
First follow-						Quality of life	
up: 12 months					Delivered by: Home		
					nurses		
Low risk of							
bias 6/7							

No theory							
mentioned							
Dalby et al [7]	Intervention:	70+y, with	Baseline N =	Baseline N =	Behaviours targeted:	Behavioural	Behavioural
	Assessment of	functional	73	69	Medication adherence,	Influenza and	Evidence of
Canada	health and	impairment,			vaccination (influenza	pneumonia	potential
	wellbeing	admission to	Follow-up N =	Follow-up N =	and pneumonia)	vaccination rate	effectiveness
RCT, 2 arms	problems and	hospital, or	59	54			
(1 intervention,	risks, and	bereavement in			BCTs: Monitoring of	Health and	Health and social
1 control)	development	previous 6	Mean age: 79y	Mean age: 78y	behaviour by others	social service	service use
	of personalized	months			without feedback,	use	No evidence of
Number of	care plan		71% female	62% female	monitoring of outcomes	Institutional	effectiveness
follow-ups: 1		Excluded:			of behaviour by others	admissions	
	Control:	Living in	Ethnicity NR	Ethnicity NR	without feedback,	Health service	Generic health
Follow-up: 14	Usual care	nursing home,			social support from	use	and wellbeing
months		or had previous	Three most	Three most	friends/family/caregiver		No evidence of
		nurse home	prevalent	prevalent	s (unspecified), social	Generic health	effectiveness

Low risk of		visits	health	health	support from	and wellbeing	
bias 5/7			conditions:	conditions:	intervention provider	Mortality	
			arthritis (51%),	arthritis (51%),	(practical), social		
No theory			hypertension	hypertension	support from		
mentioned			(37%), heart	(35%), heart	intervention provider		
			condition	condition	(unspecified)		
			(30%)	(28%)			
					Functions: Enablement		
					Setting: Home-only		
					Delivered by: Primary		
					care nurse		
Favela et al [8]	<u>Intervention 1:</u>	70-90y, eligible	Intervention 1	Baseline N =	Intervention 1:	Physical	Intervention 1
	Assessment of	for national	(alert button):	44	Behaviours targeted:	functioning	(alert button)
Mexico	health and	medical			PA, medication	Frailty	Physical

	development	insurance	Baseline N =	Follow-up N =	adherence	functioning
RCT, 3 arms	of health		45	39		Evidence of
(2 intervention,	improvement	Excluded: N/A			BCTs: Action planning,	potential
1 control)	plan, with alert		Follow-up N =	Age range: 70-	adding objects to the	effectiveness
	button to		39	90y	environment, goal	
Number of	summon				setting (outcome),	Intervention 2 (no
follow-ups: 1	emergency		Age range: 70-	48% male	graded tasks,	alert button)
	care		90y		instruction on how to	Physical
Follow-up: 9				Ethnicity NR	perform behaviour,	functioning
months	Intervention 2:		40% male		monitoring of	No evidence of
	Assessment of			Prevalence of	behaviour by others	effectiveness
Low risk of	health and		Ethnicity NR	health	without feedback,	
bias 4/7	development			conditions:	review outcome goals,	
	of health		Prevalence of	cognitive	social support from	
No theory	improvement		health	impairment	friends/family/caregiver	
mentioned	plan		conditions:	(30%),	s (unspecified), social	

	depression	depression	support from	
Control:	(30%),	(23%)	intervention provider	
Usual care	cognitive		(practical)	
	impairment			
	(23%)		Functions: Enablement,	
			training	
	<u>Intervention 2</u>			
	(no alert		Setting: Home-only	
	button):			
			Delivered by: Nurse	
	Baseline N =			
	44		Intervention 2:	
			Behaviours targeted:	
	Follow-up N =		PA, medication	
	37		adherence	

		Age range: 70-	BCTs: Action planning,		
		90y	goal setting (outcome),		
			graded tasks,		
		48% male	instruction on how to		
			perform behaviour,		
		Ethnicity NR	monitoring of		
			behaviour by others		
		Prevalence of	without feedback,		
		health	review outcome goals,		
		conditions:	social support from		
		depression	friends/family/caregiver		
		(33%),	s (unspecified), social		
		cognitive	support from		
		impairment	intervention provider		
		(33%)	(practical)		
	ī	1		i	1

					Functions: Enablement,		
					training		
					Setting: Home-only		
					Delivered by: Nurse		
Gustafsson et	Intervention 1	Aged 80+y,	Intervention 1	Baseline N =	Intervention 1 (home	Physical	Intervention 1:
al [9]	(home visit	living at home	(home visit	114	visits only):	functioning	Physical
(also Behm,	only):		only)		Behaviours targeted:	Frailty	functioning
Dahlin-Ivanoff	Provision of	Excluded:		Follow-up N =	PA, medication use,	ADLs	Evidence of
& Zidén [10];	advice on	dependent on	Baseline N =	88	diet		potential
Behm,	available	home help	174			Generic health	effectiveness
Wilhelmson et	support	service or care,		Age range: 80-	BCTs: Instruction on	and wellbeing	Less dependence
al [11]; Behm,	services	receiving help	Follow-up N =	97y	how to perform	Symptoms	in ADLs
Zidén et al		for ADLs, or	157		behaviour, restructuring	General health	
[12]; Dahlin-	Intervention 2	overt cognitive		61% female	physical environment,		Generic health

Ivanoff et al	(senior	impairment	Age range: 80-		social support from	and wellbeing
[13])	meeting *		94y	Ethnicity NR	intervention provider	Evidence of
	home visit):				(practical)	potential
Sweden	Multidisciplina		64% female	Health		effectiveness
	ry discussions,			conditions NR	Functions: Education,	Less general
RCT, 3 arms	followed by		Ethnicity NR		enablement	deterioration of
(2	provision of					health
interventions,	advice on		Health		Setting: Home-only	
1 control)	available		conditions NR			Intervention 2:
	support				Delivered by:	Physical
Number of	services		Intervention 2		Occupational therapist,	functioning
follow-up			(senior		physiotherapist, nurse,	Evidence of
points: 3	Control:		meetings *		or social worker	potential
	Usual care		home visit)			effectiveness
First follow-					Intervention 2 (senior	Less dependence
up: 3 months			Baseline N =		meetings * home visit):	in ADLs

		171	Behaviours targeted:	
			C	
Low risk of			PA, medication use,	Generic health
bias 6/7		Follow-up N =	diet	and wellbeing
		147		Evidence of
No theory			BCTs: Information on	potential
mentioned		Age range: 80-	health consequences,	effectiveness
		94y	instruction on how to	Less deterioration
			perform behaviour,	of general health,
		66% female	restructuring physical	
			environment, social	
		Ethnicity NR	support from	
			intervention provider	
		Health	(practical)	
		conditions NR		
			Functions: Education,	
			enablement	

					Setting: Home-only		
					Delivered by:		
					Occupational therapist,		
					physiotherapist, nurse,		
					or social worker		
Hall et al [14]	Intervention:	Aged 65+y,	Baseline N =	Baseline N =	Behaviours targeted:	Health and	Health and social
	Standard	living at home,	81	81	Dietary consumption,	social service	service use
Canada	personal care	newly admitted			medication over-use,	use	No evidence of
	at home, with	to receive	Follow-up N =	Follow-up N =	PA, smoking	Uptake of more	effectiveness
RCT, 2 arms	development	personal home-	81	81		intensive	
(1 intervention,	of personal	care			BCTs: Goal setting	support services	Generic health
1 control)	health plan		Mean age: 78y	Mean age: 78y	(outcome), monitoring	Institutional	and wellbeing
*****		Excluded: N/A			of outcome of	admissions	No evidence of
	Controls:		79% female	68% female	behaviour by others		effectiveness

Number of	Standard				without feedback,	Generic health	
follow-ups: 3	personal care		Ethnicity NR	Ethnicity NR	review outcome goals,	and wellbeing	
	at home				social support from	Mortality	
First follow-			Three most	Three most	intervention provider		
up: 12 months			prevalent	prevalent	(emotional), social		
			health	health	support from		
Low risk of			conditions:	conditions:	intervention provider		
bias 6/7			42% had heart	44% had heart	(unspecified)		
			disease, 35%	disease, 32%			
No theory			had high blood	had high blood	Functions: Enablement		
mentioned			pressure, 62%	pressure, 46%			
			had arthritis	had arthritis	Setting: Home-only		
					Delivered by: Nurse		
Kono et al [15]	Intervention:	Aged 65+y,	Baseline N =	Baseline N =	Behaviour targeted: PA	Physical	Physical
(also Kono et	Assessment of	living at home,	161	162		functioning	functioning

al [16])	health or	requiring long-			BCTs: Monitoring of	ADLs	No evidence of
	psychosocial	term care	Follow-up N =	Follow-up N =	behaviour by others	IADLs	effectiveness
Japan	problems and		132	127	without feedback,		
	development	Excluded: Have			monitoring of outcomes	Health and	Health and social
RCT, 2 arms	of personalized	used formal	Mean age: 80y	Mean age: 80y	by others without	social service	service use
(1 intervention,	recommendati	long-term care			feedback, social support	use	No evidence of
1 control)	ons	services in past	74% female	74% female	from	Long-term	effectiveness
		3 months			family/friends/caregiver	home care use	Increased long-
Number of	Control:		Ethnicity NR	Ethnicity	(unspecified), social		term service use
follow-ups: 2	Usual care				support from	Mental health	
			Health	Health	intervention provider	and functioning	Mental health and
First follow-			conditions NR	conditions NR	(practical)	Depression	functioning
up: 12 months							No evidence of
					Functions: (None	Social	effectiveness
Low risk of					identified)	functioning and	
bias 5/7						wellbeing	Social functioning

					Setting: Home-only	Social support	and wellbeing
No theory							No evidence of
mentioned					Delivered by:		effectiveness
					Community health		
					nurse, care manager, or		
					social worker		
Levine et al	Intervention:	Frail, at high	Baseline N =	Baseline N =	Behaviour targeted:	Health and	Health and social
[17]	Assessment of	risk for use of	156	142	Medication adherence	social service	service use
	health	medical services				use	Evidence of
USA	problems,		Follow-up N =	Follow-up N =	BCTs: Monitoring of	Inpatient	potential
	health	Unclear whether	Unclear (total	Unclear (total	outcomes by others	service use	effectiveness
RCT, 2 arms	education,	age an eligibility	sample N =	sample N =	without feedback,	Emergency dept	Less inpatient
(1 intervention,	advice on	criterion	253)	253)	social support from	admission	service use, fewer
1 control)	disease				intervention provider	Visits to	visits to physician
	management,	Excluded: N/A	Mean age: 81y	Mean age: 81y	(practical), social	physician	
Number of	and care				support from	Health service	

follow-ups: 1	planning	70% female	64% female	intervention provider	costs	
				(unspecified)		
Follow-up: 6	Control:	60% White,	63% White,			
months	Usual care	12% Black,	12% Black,	Functions: Education,		
		21% non-	15% non-white	enablement		
Low risk of		White	Hispanic			
bias 6/7		Hispanic		Setting: Home-only		
			Three most			
No theory		Three most	prevalent	Delivered by:		
mentioned		prevalent	health	Physician, nurse		
		health	conditions:	practitioner, nurse care		
		conditions:	renal failure	manager, and social		
		renal failure	(61%),	worker		
		(55%),	diabetes			
		diabetes	(53%),			
		(52%),	congestive			

			congestive	heart failure			
			heart failure	(41%)			
			(52%)				
Luck et al [18]	Intervention:	Aged 80+y,	Baseline N =	Baseline N =	Behaviour(s) targeted:	Physical	Physical
(also Fleischer	Falls risk	living at home,	150	155	Taking nutritional	functioning	functioning
et al [19])	assessment and	functional			supplements	Falls	Evidence of
	personalized	impairment 3*	Follow-up N =	Follow-up N =			potential
Germany	counselling	ADLs	118	112	BCTs: Adding objects		effectiveness
					to the environment,		
RCT, 2 arms	Control	Excluded:	Mean age: 85y	Mean age: 85y	feedback on behaviour,		
(1 intervention,	No treatment	Cognitive			monitoring of		
1 control)		impairment,	65% female	72% female	behaviour by others		
		need for >90min			without feedback,		
Number of		assistance per	Ethnicity NR	Ethnicity NR	restructuring the		
follow-ups: 1		day			physical environment,		
			Health	Health	social support from		

Follow-up: 18			conditions NR	conditions NR	intervention provider		
months					(unspecified)		
Low risk of					Functions: Education,		
bias 4/7					enablement,		
					environmental		
No theory					restructuring		
mentioned							
					Setting: Home-only		
					Delivered by:		
					Psychologist,		
					sociologist or nurse		
					scientist		
Marek et al	Intervention 1	Aged 60+y,	Intervention 1	Baseline N =	Intervention 1 (MD2):	Mental health	Intervention 1
[20] (also	(MD2):	Medicare,	(MD2)	125	Behaviour targeted:	and functioning	(MD2):

Marek & Antle	Medication-	impaired ability			Medication adherence	Depression	Mental health and
[21])	dispensing	to manage	Baseline N =	Follow-up N =		Cognitive	functioning
	machine	medications	152	116	BCTs: Adding objects	function	No evidence of
USA		and/or impaired			to the environment,		effectiveness
	Intervention 2	cognitive	Follow-up N =	Mean age: 78y	feedback on behaviour,	Physical	
RCT, 3 arms	(planner):	functioning but	117		goal setting (outcome),	functioning	Physical
(2	Medication	able to follow		62% female	prompts/cues, social	Functional	functioning
interventions,	planner	directions with	Mean age: 80y		support from	performance	No evidence of
1 control)		prompting		90% White,	intervention provider		effectiveness
*****	Control:		68% female	10% Black	(practical)	Generic health	
	No treatment	Excluded:				and wellbeing	Generic health
Number of		Terminal	82% White,	Three most	Functions: Enablement,	Quality of life	and wellbeing
follow-ups: 4		diagnosis or	18% Black	prevalent	environmental		No evidence of
		hospice care,		health	restructuring		effectiveness
First follow-		existing use of	Three most	conditions:			
up: 3 months		device for	prevalent	Diabetes	Setting: Home-only		Intervention 2

*****	medications	health	(38%),		(planner):
		conditions:	depression	Delivered by: Nurse	Mental health and
Low risk of		Diabetes	(14%),		functioning
bias 5/7		(39%),	ischemic heart	Intervention 2	Evidence of
		depression	disease (14%)	(planner):	potential
Theory		(20%), COPD		Behaviour targeted:	effectiveness
mentioned:		(14%), atrial		Medication adherence	Less depression,
Individual and		fibrillation			better cognitive
Family Self-		(14%)		BCTs: Adding objects	function
Management				to the environment,	
Theory		<u>Intervention 2</u>		feedback on behaviour,	Physical
		(planner)		goal setting (outcome),	functioning
				prompts/cues, social	Evidence of
		Baseline N =		support from	potential
		137		intervention provider	effectiveness
				(practical)	

Follow-up N =		Generic health
119	Functions: Enablement,	and wellbeing
	environmental	Evidence of
Mean age: 80y	restructuring	potential
		effectiveness
68% female	Setting: Home-only	
83% White,	Delivered by: Nurse	
16% Black		
Three most		
prevalent		
health		
conditions:		
Diabetes		
(37%),		

			depression				
			(28%), COPD				
			(15%)				
Markle-Reid et	Intervention:	Aged 75+y,	Baseline N =	Baseline N =	Behaviour targeted:	Mental health	Mental health and
al [22]	Health	newly referred	144	144	Medication	and functioning	functioning
	assessment,	to and eligible			management	Depression	Evidence of
Canada	health	for community	Follow-up N =	Follow-up N =		Mental health	potential
	education,	care personal	120	122	BCTs: Goal-setting		effectiveness
RCT, 2 arms	coordination of	support services			(outcome), information	Physical	Less depression,
(1 intervention,	community		Modal age 75-	Modal age: 75-	on health consequences,	functioning	greater mental
1 control)	services, and	Excluded:	85y (75%)	85y (64%)	monitoring of outcomes	Functional	health
	use of	Ineligible for			by others without	performance	
Number of	empowerment	nursing services	78% female	76% female	feedback, social support		Physical
follow-ups: 1	strategies				from intervention	Social	functioning
			76% Canadian,	79% Canadian,	provider (practical),	functioning and	Evidence of
Follow-up: 6	Control:		24% other	21% other	social support from	wellbeing	potential

months	Usual home				intervention provider	Emotional	effectiveness
	care		50% had one	45% had one	(unspecified)	health	
Low risk of			health disorder,	health disorder,		Social	Social functioning
bias 6/7			50% had two	55% had two	Functions: Education,	functioning	and wellbeing
					enablement, training		Evidence of
Theory							potential
mentioned:					Setting: Home-only		effectiveness
Model of							Greater emotional
Vulnerability					Delivered by: Nurse		health
Markle-Reid et	Intervention:	Aged 75+y,	Baseline N =	Baseline N =	Behaviours targeted:	Behavioural	Behavioural
al [23]	Usual home	newly referred	54	55	Medication adherence,	Nutritional	No evidence of
	care, plus	to and eligible			PA	status	effectiveness
Canada	visits from	for community	Follow-up N =	Follow-up N =			
	multidisciplina	care personal	49	43	BCTs: Goal setting	Health and	Health and social
RCT, 2 arms	ry team for	support services,			(outcome), monitoring	social service	service use
(1 intervention,	risk and health	at risk for falls	Modal age: 75-	Modal age: 75-	of outcomes by others	use	No evidence of

1 control)	assessment,		85y (57%)	85y (51%)	without feedback,	Number of	effectiveness
	and provision	Excluded: N/A			problem solving,	acute hospital	
Number of	of falls		67% female	77% female	restructuring the	days for a fall	Mental health and
follow-ups: 1	prevention				physical environment,		functioning
	advice		Ethnicity NR	Ethnicity NR	social support from	Mental health	No evidence of
Follow-up: 6					intervention provider	and functioning	effectiveness
months	Control:		Three most	Three most	(emotional), social	Depression	
	Usual home		prevalent	prevalent	support from	Cognitive	Physical
Low risk of	care		cardiovascular,	cardiovascular,	intervention provider	function	functioning
bias 6/7			neurological or	neurological or	(unspecified)		No evidence of
			musculoskeleta	musculoskeleta		Physical	effectiveness
No theory			1 conditions:	1 conditions:	Functions: Education,	functioning	
mentioned			arthritis (78%),	arthritis (74%),	environmental	Falls	Social functioning
			hypertension	hypertension	restructuring	Slips and trips	and wellbeing
			(59%), non-hip	(47%),		Gait and	No evidence of
			fractures	osteoporosis	Setting: Home-only	balance	effectiveness

			(43%)	(47%)			
					Delivered by: CCAC	Social	
					case manager,	functioning and	
					registered nurse,	wellbeing	
					occupational therapist,	Emotional	
					physiotherapist, and	health	
					registered dietitian		
Melis et al [24]	Intervention:	Aged 70+y,	Baseline N =	Baseline N =	Behaviour targeted:	Mental health	Mental health and
(also Melis et	Assessment of	living at home	85	66	Dietary consumption	and functioning	functioning
al [25])	health and	or in retirement				Mental	Evidence of
	development	home, recently	Follow-up N =	Follow-up N =	BCTs: Goal setting	wellbeing	potential
Netherlands	of treatment	presented with	81	59	(outcome), monitoring	Dementia	effectiveness
	plan	cognitive			of outcomes of	quality of life	Enhanced mental
Pseudo-cluster		disorders,	Mean age: 82y	Mean age: 83y	behaviour by others	(negative affect)	wellbeing,
RCT, 2 arms	Control:	dementia,			without feedback,	Dementia	reduced negative
(1 intervention,	Usual care	mobility	67% female	74% female	social support from	quality of life	affect

1 control)	disorders and			intervention provider	(positive affect)	
	falling, and/or	Ethnicity NR	Ethnicity NR	(unspecified)		Physical
Number of	malnutrition,				Physical	functioning
follow-ups: 2	with request for	Health	Health	Functions: (None	functioning	Evidence of
	help related to	conditions NR	conditions: NR	identified)	Functional	potential
Follow-up: 3	this problem(s)				performance	effectiveness
months				Setting: Home-only	Mobility	Enhanced
	Excluded:					functional
Low risk of	Problem or			Delivered by: Geriatric	Social	performance
bias 7/7	request for help			specialist nurse	functioning and	
	requires action				wellbeing	Social functioning
No theory	within 1 week,				Loneliness	and wellbeing
mentioned	or is only a					No evidence of
	medical					effectiveness
	diagnostic issue;					
	proven					

moderate to					
severe dementia					
and no informal					
caregiver;					
receiving other					
forms of					
intermediate					
care or health					
care from social					
worker or					
geriatrician; on					
waiting list for					
nursing home					
because of					
problem					
presented; or					
	severe dementia and no informal caregiver; receiving other forms of intermediate care or health care from social worker or geriatrician; on waiting list for nursing home because of problem	severe dementia and no informal caregiver; receiving other forms of intermediate care or health care from social worker or geriatrician; on waiting list for nursing home because of problem	severe dementia and no informal caregiver; receiving other forms of intermediate care or health care from social worker or geriatrician; on waiting list for nursing home because of problem	severe dementia and no informal caregiver; receiving other forms of intermediate care or health care from social worker or geriatrician; on waiting list for nursing home because of problem	severe dementia and no informal caregiver; receiving other forms of intermediate care or health care from social worker or geriatrician; on waiting list for nursing home because of problem

		terminal illness					
		with life					
		expectancy <6					
		months					
Metzelthin et	Intervention:	Aged 70+y	Baseline N =	Baseline N =	Behaviour targeted: PA	Mental health	Mental health and
al [26] (also	Frailty and		193	153		and functioning	functioning
Metzelthin	frailty risk	Excluded:			BCTs: Adding objects	Depression	No evidence of
[27])	assessment and	Terminally ill,	Follow-up N =	Follow-up N =	to the environment,		effectiveness
	development	confined to bed,	171	145	feedback on outcomes	Physical	
Netherlands	of personalized	or severe			of behaviour, goal	functioning	Physical
	treatment plan	cognitive or	Mean age: 77y	Mean age: 77y	setting (outcome),	Functional	functioning
Cluster RCT, 2		psychological			monitoring of outcomes	performance	No evidence of
arms (1	Control:	impairments	55% female	61% female	of behaviour by others		effectiveness
intervention, 1	Usual care				without feedback,	Social	
control)			Ethnicity NR	Ethnicity NR	restructuring physical	functioning and	Social functioning
					environment, social	wellbeing	and wellbeing

Number of			Health	Health	support from	Social	No evidence of
follow-ups: 3			conditions NR	conditions NR	intervention provider	participation	effectiveness
					(emotional), social		
First follow-					support from		
up: 6 months					intervention provider		
					(unspecified)		
Low risk of							
bias 6/7					Functions: Enablement,		
					environmental		
No theory					restructuring		
mentioned							
					Setting: Home-only		
					Delivered by: Practice		
					nurse		
Siu et al [28]	Intervention:	65+y, recent	Baseline N =	Baseline N =	Behaviour targeted:	Behavioural	Behavioural

	Physical health	hospitalization	178	176	Medication adherence	Medication	No evidence of
USA	assessment	episode, with				adherence	effectiveness
	prior to	unstable	Follow-up N	Follow-up N	BCTs: Monitoring of		
RCT, 2 arms	hospital	medical	NR (total N ≤	NR	outcomes of behaviour	Health and	Health and social
(1 intervention,	discharge,	problems, recent	315)	(total $N \le 315$)	without feedback,	social service	service use
1 control)	follow-up	functional			social support from	use	No evidence of
	home visit to	limitations, or	Age range NR	Age range NR	intervention provider	Hospital	effectiveness
Number of	patient,	potentially	(≥65y)	(≥65y)	(unspecified)	admissions	
follow-up	recommendati	reversible				Number of	Mental health and
points: 2	ons made to	geriatric clinical	32% male	48% male	Functions: (None	medications	functioning
	patient's	problems			identified)	Nursing home	No evidence of
First follow-	physician		23% Black	15% Black		admission	effectiveness
up: 30 days		Excluded:			Setting: Home- and		
	Control:	Admitted from	Three most	Three most	hospital-based	Mental health	Physical
Low risk of	Usual care	nursing homes,	prevalent	prevalent		and functioning	functioning
bias 5/7		terminal illness	health	health	Delivered by: Nurse	Mental health	No evidence of

	with life	conditions:	conditions:	practitioner	Role function	effectiveness
No theory	expectancy <6	Hypertension	Hypertension		affected by	
mentioned	months, or	(58%),	(57%),		emotional	Social functioning
	expected to be	diabetes	congestive		problems	and wellbeing
	hospitalized for	(19%),	heart failure			No evidence of
	<48 hours	congestive	(23%),		Physical	effectiveness
		heart failure	diabetes (13%)		functioning	
		(19%)			Functional	Generic health
					performance	and wellbeing
					Pain	No evidence of
					Role function	effectiveness
					affected by	
					physical	
					problems	
					Energy/fatigue	

						Social	
						functioning and	
						wellbeing	
						Social	
						functioning	
						Generic health	
						and wellbeing	
						General health	
						Mortality	
						Health-related	
						quality of life	
Stuck et al [29]	Intervention:	Aged 75+y, on	Baseline N =	Baseline N =	Behaviour(s) targeted:	Behavioural	Behavioural
	Health	health insurance	148 ******	296	'Self-care'	Influenza	Evidence of

Switzerland	assessments	list				vaccination	potential
	and		Follow-up N =	Follow-up N =	BCTs: Monitoring of	status	effectiveness
Stratified RCT,	development	Excluded: N/A	138	278	outcomes of behaviour		Greater influenza
2 arms (1	of treatment				without feedback,	Health and	vaccination
intervention, 1	plan		Mean age: 82y	Mean age: 82y	social support from	social service	
control)					intervention provider	use	Health and social
	Control:		77% female	71% female	(unspecified)	Hospital	service use
Number of	Unclear					admissions	No evidence of
follow-up			Ethnicity NR	Ethnicity NR	Functions: Education,	Length of	effectiveness
points: 2					enablement	hospital stay	Increased number
			More than 3	More than 3		Hospital care	of medications
First follow-			chronic	chronic	Setting: Home-only	costs	
up: 2 years			conditions,	conditions,		Number of	Mental health and
			prevalence	prevalence	Delivered by: Public	medications	functioning
Low risk of			(total	(total control	health nurse	Visits to	No evidence of
bias 7/7			intervention	group): 10%		primary care	effectiveness

		group): 10%		provider	
No theory				Visits to	Physical
mentioned				specialist	functioning
				physicians	Evidence of
				Home care use	potential
				Ambulatory	effectiveness
				care costs	
					Generic health
				Mental health	and wellbeing
				and functioning	No evidence of
				Affect	effectiveness
				Cognitive	
				function	
				Physical	
				functioning	

						Gait and	
						balance	
						Generic health	
						and wellbeing	
						General health	
Van Hout et al	Intervention:	Aged 75+y,	Baseline N =	Baseline N =	Behaviour targeted:	Health and	Health and social
[30]	Assessment of	living at home	331	320	Medication adherence	social service	service use
	care needs,					use	No evidence of
Netherlands	development	Excluded:	Follow-up N =	Follow-up N =	BCTs: Monitoring of	Hospital	effectiveness
	of tailored care	Terminally ill,	224	229	outcomes by others	admissions	
RCT, 2 arms	plan, and	dementia			without feedback,	Acute hospital	Mental health and
(1 intervention,	telephone	symptoms, or	Mean age: 81y	Mean age: 82y	social support from	visit	functioning
1 control)	monitoring	living in			intervention provider	Time to	No evidence of
		residential home	72% female	69% female	(unspecified)	institutionalizati	effectiveness
Number of	Control:					on	

follow-ups: 2	Varied – some		Ethnicity NR	Ethnicity NR	Functions: (None		Physical
	received no				identified)	Mental health	functioning
First follow-	care at all,		Three most	Three most		and functioning	No evidence of
up: 6 months	others received		prevalent	prevalent	Setting: Home-only	Mental health	effectiveness
*****	regular		health	health			
	primary care		conditions:	conditions:	Delivered by:	Physical	Generic health
Low risk of	physician		diabetes	diabetes	Community nurse	functioning	and wellbeing
bias 6/7	home visits		(50%), heart	(49%), heart		Physical	No evidence of
			infarction	infarction		functioning	effectiveness
No theory			(40%),	(37%),		ADLs	
mentioned			hypertension	hypertension		IADLs	
			(28%)	(29%)			
						Generic health	
						and wellbeing	
						Time to death	
Williams et al	Intervention:	Aged 75+y,	Baseline N =	Baseline N =	Behaviour(s) targeted:	Physical	Health and social

[31]	Assessment of	discharged from	218	239	Dietary consumption,	functioning	service use
	health and care	hospital in			medication use,	Functional	No evidence of
UK	needs,	previous year	Follow-up N =	Follow-up N =	sleeping	status	effectiveness
	provision of		176	188		Disability level	
RCT, 2 arms	advice	Excluded: N/A			BCTs: Monitoring of		Mental health and
(1 intervention,			Age NR	Age NR	outcomes of behaviour	Mental health	functioning
1 control)	Control: No				by others without	and functioning	No evidence of
	health visits		Gender NR	Gender NR	feedback	Mental status	effectiveness
Number of	unless required						
follow-ups: 1			Ethnicity NR	Ethnicity NR	Functions: (None	Health and	Physical
					identified)	social service	functioning
Follow-up: 1			Health	Health		use	No evidence of
year			conditions NR	conditions NR	Setting: Home-only	Health and	effectiveness
						social service	
Low risk of					Delivered by: Health	use	
bias 5/7					visitor assistants		

No theory				
mentioned				

Abbreviations: BCT = Behaviour Change Technique. N/A = Not applicable. NR = Not reported. PA = Physical activity. RCT = Randomized controlled trial. 'Evidence of potential effectiveness' indicates significant (p<.05) between-group change in outcome, favorable to intervention group, in at least one outcome within the corresponding cluster. Comments have been added to the 'summary of findings' column for clarification in cases of multiple outcomes within one cluster.

Other footnotes:

- * No paper used different theories to inform different intervention treatments, so theory use is described as a study characteristic.
- ** Relates to first follow-up point.
- *** Avlund et al [1] reported sample sizes within age bands (60-69y, 70+y), not actual ages. We estimated mean age by assuming that those in the 60-69y band were all 60y, and those 70+y were 70y.
- **** 'No evidence of effectiveness' denotes no between-group changes, relative to a comparator treatment (in 2-arm trials) or the control group (in 3-arm trials), in any outcomes measured within the relevant cluster.

**** Hall et al [14] included two control groups. Data were extracted for the one control group against which intervention effects were compared.

***** Marek et al [20] compared intervention 1 against intervention 2 only, and intervention 2 against control only. Effectiveness estimates for intervention 1 are thus derived from comparison against another intervention treatment, not the no-treatment control group.

****** For two papers (Marek et al [20]; van Hout et al [30]), in which changes in outcomes were reported only as trends across multiple follow-up points (Marek et al: 3, 6, 9, 12 months; van Hout et al: 6, 18 months), evidence of potential effectiveness is based on trend analyses across multiple time-points.

****** Stuck et al [29] reported outcomes at first follow-up only for a subsample of participants (i.e. those at low baseline risk for nursing home admission). Intervention and control group descriptions are based on the low-baseline-risk group where possible.

Supplemental Table 3. Risk of bias assessment

	Random	Allocation	Blinding of	Blinding of	Incomplete	Selective	Other	Low risk
	sequence	concealment	participants	outcome	outcome data	reporting	sources of	score
	generation		and personnel	assessment			bias	
Avlund [1]	_	_	+	+	+	+	+	5
Boult [3]	+	+	+	+	+	+	+	7
Bouman [5]	+	?	+	+	+	+	+	6
Dalby [7]	+	_	+	+	_	+	+	5
Favela [8]	?	?	+	_	+	+	+	4
Gustafsson [9]	?	+	+	+	+	+	+	6
Hall [14]	+	?	+	+	+	+	+	6
Kono [15]	+	?	+	?	+	+	+	5
Levine [17]	+	?	+	+	+	+	+	6
Luck [18]	+	+	+	_	_	_	+	4
Marek [20]	+	?	+	_	+	+	+	5
Markle-Reid [22]	+	?	+	+	+	+	+	6

Markle-Reid [23]	+	?	+	+	+	+	+	6
Melis [24]	+	+	+	+	+	+	+	7
Metzelthin [26]	+	_	+	+	+	+	+	6
Siu [28]	+	?	+	+	_	+	+	5
Stuck [29]	+	+	+	+	+	+	+	7
van Hout [30]	+	?	+	+	+	+	+	6
Williams [31]	+	?	+	+	_	+	+	5

[–] High risk of bias

+ Low risk of bias

? Unclear risk of bias

Supplementary Table 4. Definitions and frequency of behaviour change techniques, with illustrative examples from reviewed studies

Technique	No. interventions	Definition *	Example and source
	in which BCT used		
Action planning	2	Prompt detailed planning of performance of the behaviour (must include at least one of context, frequency, duration and intensity). Context may be environmental (physical or social) or internal (physical, emotional or cognitive)	Training participants in appropriate medication dosage, frequency and timing[8]
Adding objects to the environment	5	Add objects to the environment in order to facilitate performance of the behaviour	Providing participant with medication dispenser[20]
Discrepancy between current behaviour and goal	1	Draw attention to discrepancies between a person's current behaviour (in terms of the <i>form</i> , <i>frequency</i> , <i>duration</i> , <i>or intensity</i> of that behaviour) and the person's previously set	Raising and discussing differences between current behaviour and health goal[3]

Technique	No. interventions	Definition *	Example and source
	in which BCT used		
		outcome goals, behavioural goals or action plans (goes beyond self-monitoring of behaviour)	
Feedback on behaviour	3	Monitor and provide informative or evaluative feedback on performance of the behaviour (e.g. form, frequency, duration, intensity)	Provide feedback on missed doses of medication[20]
Feedback on outcomes of behaviour	1	Monitor and provide feedback on the outcome of performance of the behaviour	Evaluate participants' adherence to goals and communicate adherence back to participant (unclear whether goals behavioural)[26]
Goal setting (outcome)	10	Set or agree on a goal defined in terms of a positive outcome of wanted behaviour (code where unclear whether goal refers to behaviour	Setting goals that meet older person's care needs (unclear whether goal specifies behaviour or outcome or

Technique	No. interventions	Definition *	Example and source
	in which BCT used		
		or outcome of behaviour)	behaviour) [26]
Graded tasks	2	Set easy-to-perform tasks, making them	Making a plan of incremental physical
		increasingly difficult, but achievable, until	activity each week [8]
		behaviour is performed	
Information on health	2	Provide information (e.g. written, verbal, visual)	Informing participants of the impact of
consequences		about health consequences of performing the	physical activity on physical fitness[9]
		behaviour	
Instruction on how to	4	Advise or agree on how to perform the	Instructing participant on how to use
perform behaviour		behaviour	their medication[9]
Monitoring of behaviour	7	Observe or record behaviour with the person's	Performing assessment of participant's
by others without		knowledge as part of a behaviour change	physical activity[14]
feedback		strategy	

Technique	No. interventions	Definition *	Example and source
	in which BCT used		
		(code where unclear whether feedback given or	
		not)	
Monitoring of outcomes	13	Observe or record outcomes of behaviour with	Performing assessment of participant's
of behaviour by others		the person's knowledge as part of a behaviour	specific health problems, unclear
without feedback		change strategy	whether fed back[1]
		(code where unclear whether feedback given or	
		not)	
Problem solving	1	Analyze, or prompt the person to analyze,	Using motivational interviewing to
		factors influencing the behaviour and generate	address barriers to falls prevention and
		or select strategies that include overcoming	promote positive changes in behaviour
		barriers and/or increasing facilitators	to reduce falls risk[23]
Prompts/cues	2	Introduce or define environmental or social	Provide medication dispenser or planner
		stimulus with the purpose of prompting or	

Technique	No. interventions	Definition *	Example and source
	in which BCT used		
		cueing the behaviour. The prompt or cue would normally occur at the time or place of performance	as a reminder to take medication[20]
Restructuring the physical environment	5	Change, or advise to change the physical environment in order to facilitate performance of the wanted behaviour or create barriers to the unwanted behaviour (other than prompts/cues,	Advising to make housing modifications to reduce fall risks[9]
		rewards and punishments)	
Review behavioural goals		Review behaviour goal(s) jointly with the person and consider modifying goal(s) or behaviour change strategy in light of achievement. This may lead to re-setting the same goal, a small change in that goal or setting a new goal instead	Reassessing earlier-set behavioural goals in light of participants' progress towards them [5]

Technique	No. interventions	Definition *	Example and source
	in which BCT used		
		of (or in addition to) the first, or no change	
Review outcome goals	3	Review outcome goal(s) jointly with the person	Reassessing earlier-set outcome goals in
		and consider modifying goal(s) in light of	light of participants' progress towards
		achievement. This may lead to re-setting the	them, and proposing different goals
		same goal, a small change in that goal or setting	where not achieved[8]
		a new goal instead of, or in addition to the first	
Self-monitoring	1	Establish a method for the person to monitor and	Self-monitoring (unclear whether
(outcome)		record the outcome (s) of their behaviour as part	monitoring behaviour or outcomes)[3]
		of a behaviour change strategy	
		(Code where unclear whether monitoring	
		behaviour or outcome)	
Social support from	4	Advise on, arrange or provide social support	Involving family and caregivers in
friends/family/caregivers		(from friends, family, or caregivers) or non-	developing care plan (contents of plan

Technique	No. interventions	Definition *	Example and source
	in which BCT used		
(unspecified)		contingent praise or reward for performance of the behaviour. It includes encouragement and counselling, but only when it is directed at the	and ways in which involved unclear)[7]
		behaviour. (Code where unclear whether social support is practical or emotional)	
Social support from	3	Advise on, arrange, or provide emotional social	Home visitor advises on how to arrange
intervention provider		support (from those delivering intervention) for	to meet with other older people, to
(emotional)		performance of the behaviour	alleviate loneliness and so facilitate
			physical activity in the presence of
			others[14]
Social support from	13	Advise on, arrange, or provide practical help	Intervention provider providing

Technique	No. interventions	Definition *	Example and source
	in which BCT used		
intervention provider		(from those delivering intervention) for	transport to facilitate attendance at
(practical)		performance of the behaviour	physical activity classes[1]
Social support from	13	Advise on, arrange or provide social support	Intervention provider making home
intervention provider		(from those delivering intervention) or non-	visits to participants[1]
(unspecified)		contingent praise or reward for performance of	
		the behaviour. It includes encouragement and	
		counselling, but only when it is directed at the	
		behaviour.	
		(Code where unclear whether social support is	
		practical or emotional)	

Technique definitions taken verbatim from [32] (Electronic Supplementary Materials Table 3). Citations are of records reporting interventions that featured these examples, but, in instances of multiple publications arising from a single trial, not necessarily the record that best describes such intervention content.

SUPPLEMENTARY REFERENCES

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